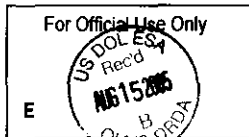


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6730</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>30</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JEFFREY</u> <u>4</u> <u>CLARISON</u> P.O. Box, Bldg., Room No., if any <u>PO Box 22369</u> Street _____ City <u>Portland, OR.</u> State <u>OREGON</u> ZIP Code + 4 <u>97269-0369</u>	4. Name, file number, and address of labor organization. Name <u>JEFFREY A. CLARISON</u> Labor Organization File Number <u>003526</u> P.O. Box, Building and Room Number, if any <u>11620</u> Street <u>11620 NE Winsworth CK.</u> City <u>Portland</u> State <u>OREGON</u> ZIP Code + 4 <u>97220</u>
5. Position in labor organization. <u>FST/BM TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

J. A. Carlson

On

8-12-05

Date

503-6541011

Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northwest Ironworkers TrustsTrade Name, if any: Welfare & Pension Admin. Services IncP.O. Box, Bldg., Room No., if any PO BOX 34203Street 2815 Second Ave.City SeattleState Washington ZIP Code + 4 98124

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Welfare & Pension Admin. ServicesTrade Name, if any: Northwest Ironworkers TrustsP.O. Box, Bldg., Room No., if any PO Box 34203Street 2815 Second Ave.City SeattleState Washington ZIP Code + 4 98124

11.a. Nature of such dealing.

Trust Meeting / Education Seminar
Hd W 17,295,359
Pension 303,360,965
Annuity 123,449,345
Apprenticeship 3,493,570

11.b. Approximate dollar value of such dealing.

447,686,621

12.a. Nature of interest held or income received.

TRAVEL expenses
AIR 309.00
Hotel 1220.
Meals 105.00
TAXI 194.00
CAR 21
Tip 13

12.b. Amount.

1865

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0

Northwest Ironworkers Trusts

Administered by

Welfare and Pension Administration Service, Inc.

RETIREMENT • HEALTH and SECURITY • VACATION • ANNUITY • APPRENTICESHIP

2815 SECOND AVENUE • SUITE 300 • P.O. BOX 34203 • SEATTLE, WASHINGTON 98124

TELEPHONE (206) 441-7574 • TOLL-FREE 1-800-331-6158 • FAX (206) 441-9110

July 8, 2005

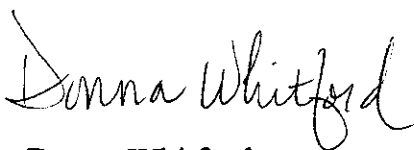
Jeff Carlson
Trust Services
PO Box 22369
Portland, OR 97269

**RE: Northwest Ironworkers Trust Funds
Expense Reimbursement – 2004**

The enclosed information was prepared to show reimbursement you received from the Trust Funds for expenses incurred, which relate to Trust Fund business during the calendar year 2004.

This information is provided in order to assist you in completion of Form LM-30.

If you have any questions or require additional information, please feel free to contact Mike Parmelee at extension 3930, or myself at extension 3900.



Donna Whitford
Account Executive

DW:sdg opeiu8
S:\SHARBD SEC\Docs\F15\F15UnionTrusteeExpenseRpt.doc

Enclosure

cc: Michael Parmelee

REC'D JUL - 8 2005

Jeff Carlson

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